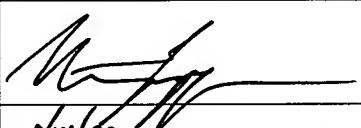

 <b>TRANSMITTAL FORM</b>	Application Number	10/804,285	
	Filing Date	03/19/2004	
	First Named Inventor	Pecen, Mark E. et al.	
	Group Art Unit	2681	
	Examiner Name		
Total Number of Pages in this Submission	9	Attorney Docket Number	CS90103

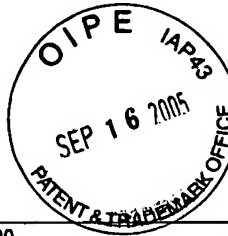
ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance <input type="checkbox"/> Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> PTO/SB/08A <input checked="" type="checkbox"/> PCT Search Report
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Matthew C. Lopnow	Registration No.	45,314
Signature			
Date	9/14/05		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:	
Typed or printed name	Jennifer Magness
Signature	
Date	9/14/05

# FEE TRANSMITTAL

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**0.00****Complete if Known**

Application Number	10/804,285
Filing Date	03/19/2004
First Named Inventor	Pecen, Mark E. et al.
Examiner Name	
Group Art Unit	2681
Attorney Docket No.	CS90103

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
**FEE CALCULATION (continued)**
☒ Deposit Account:

Deposit Account Number	502117
Deposit Account Name	Motorola, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXTRA CLAIM FEES**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  
 Multiple Dependent Claims

Fees (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x 50 =		
HP = highest number of total claims paid for, if greater than 3			
		360	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x 200 =		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)  
 For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number)	x 250 =	

**4. ADDITIONAL FEES**

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description
Code	Code	(\$)	Code	(\$)		
1051	130	2051	65			Surcharge - late filing fee or oath
1052	50	2052	25			Surcharge - late Provisional filing
1053	130	1053	130			Non-English specification
1812	2520	1812	2520			For filing a request for ex parte Reexamination
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*			Requesting publication of SIR after Examiner action
1251	120	2251	60			Extension for reply within first month
1252	450	2252	225			Extension for reply within second month
1253	1020	2253	510			Extension for reply within third month
1254	1590	2254	795			Extension for reply within fourth month
1255	2160	2255	1080			Extension for reply within fifth month
1401	500	2401	250			Notice of Appeal
1402	500	2402	250			Filing a brief in support of an appeal
1403	1000	2403	500			Request for oral hearing
1451	1510	1451	1510			Petition to institute a public use proceeding
1452	500	2452	250			Petition to revive - unavoidable
1453	1500	2453	750			Petition to revive - unintentional
1501	1400	2501	700			Utility issue fee (or reissue)
1502	800	2502	400			Design issue fee
1503	1100	2503	550			Plant issue fee
1460	130	1460	130			Petitions to the Commissioner
1807	50	1807	50			Processing fee under 37 CFR 1.17(g)
1806	180	1806	180			Submission of IDS
8021	40	8021	40			Recording each patent assignment per property (times number of properties)
1809	790	2809	395			Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395			For each additional invention to be examined (37 CFR § 1.129(b))
1801	790	2801	395			Request for Continued Examination
1802	900	1802	900			Request for expedited examination of a design application

Fee Paid (\$)

**5. OTHER FEE(S) (specify)**

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

**SUBMITTED BY**

Name (Print/Type) Matthew C. Loppnow

Signature

Registration No. 45,314 Telephone 847-523-2585

Date

9/14/05



DOCKET NO.: CS90103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Pecen, Mark E. et al. Group Art Unit: 2681  
Application No.: 10/804,285 Examiner:  
Date Filed: 03/19/2004  
Title: Apparatus and Method for Handover between Two Networks During an Ongoing Communication

INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner For Patents  
Alexandria, VA 22313

SIR:

In accordance with 37 C.F.R. §1.56 and in compliance with 37 C.F.R. §§1.97 and 1.98, the references listed on attached Form PTO/SB/08 and/or subsequently identified herein, are for consideration by the United States Patent and Trademark Office. Pursuant to the Office waiving the requirement under 37 CFR 1.98 (a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003 and for all international applications that have entered the national stage under 35 USC §371 after June 30, 2003, copies of the reference are not submitted herewith.

I. ☐ THIS IDS IS BEING FILED UNDER 37 C.F.R. §1.97(b)-(d): (check only one box)

- a. ☐ within three months of the filing date of a national application other than a continued prosecution application under § 1.53(d); within three months of the date of entry of the national stage as set forth in § 1.491 in an international application; before the mailing date of a first Office Action on the merits; and/or before the mailing date of a first Office Action after the filing of a request for continued examination under § 1.114. No fee or statement is required.
- b. ☐ before the mailing date of any of a Final Office Action under 37 C.F.R. §1.113, a Notice of Allowance under 37 C.F.R. §1.311, or an action that otherwise closes prosecution in the application. Petition fee set forth in §1.17(p) is required unless a statement under 37 C.F.R. §1.97(e) is provided.
- c. ☐ on or before payment of the issue fee. Petition fee set forth in §1.17(p) and a statement under 37 C.F.R. §1.97(e) are required.

II. ☒ STATEMENT UNDER 37 C.F.R. §1.97(e) (check only one box, if applicable)

The undersigned hereby states that

- a. ☒ each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of IDS; or
- b. ☐ no item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application, and to knowledge of the person signing the statement after making reasonable inquiry, no item of information contained in the IDS was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing of this statement, or
- c. ☐ some of the items of information contained in the IDS were cited in a communication from a foreign Patent Office. As to this information, the undersigned states that each item of information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application not more than three months prior to the filing of this IDS. As to the remaining information, the undersigned hereby states that no item of this remaining information contained in the IDS was cited in a communication from a foreign Patent Office in a counterpart foreign application or, to the knowledge of the person signing the statement after making reasonable inquiry, no item of information contained in the IDS was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing of this statement.

III. PAYMENT OF FEES

- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the above-identified fee(s).  
☐ Please charge Deposit Account **502117** in the amount of \$ \_\_\_\_\_ for the above-indicated fee(s).  
☒ If Applicant has overlooked any additional fees, or if any overpayment has been made, the Commissioner is hereby authorized to credit or debit Deposit Account **502117**.  
☒ Two Copies of this paper are attached for Deposit Account charges and debits.

The above references are being cited only in the interests of candor and without any admission that they constitute statutory prior art or contain matter which anticipates the invention or which would render the same obvious, either singly or in a combination, to a person of ordinary skill in the art.

Respectfully submitted,  
Pecen, Mark E. et al.



Matthew C. Loppow  
Attorney for Applicant(s)  
Reg. No. 45,314  
Tel. 847-523-2585

MOTOROLA, INC.  
Customer Number 20280

Enclosures: ☒ Information Disclosure  
Statement by Applicant  
☒ References  
☒ Foreign Search Report  
☐ Other:

DOCKET NO.: CS90103

Substitute for form 1449A/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/804,285
				Filing Date	03/19/2004
				First Named Inventor	Pecen, Mark E. et al.
				Group Art Unit	2681
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	CS90103

[illegible]

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation, if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English Language Translation is attached.

***If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.***